

<i>SERFF Tracking Number:</i>	<i>AEGJ-126346828</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43857</i>
<i>Company Tracking Number:</i>	<i>TLC MP 0809 ET AL</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>TLC MP 0809 et al</i>		
<i>Project Name/Number:</i>	<i>TLC MP 0809 et al/TLC MP 0809 et al</i>		

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: TLC MP 0809 et al

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

SERFF Tr Num: AEGJ-126346828 State: Arkansas

SERFF Status: Closed-Filed

Co Tr Num: TLC MP 0809 ET AL

State Tr Num: 43857

State Status: Waiting Industry Response

Filing Type: Advertisement

Reviewer(s): Marie Bennett

Authors: Dianna Whitney, Debbie Bellows, Bobbye Haggard, Julie Maclin, Joan Shumaker, Laura Aleman, Patsy Holt

Disposition Date: 11/30/2009

Date Submitted: 10/21/2009

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: TLC MP 0809 et al

Project Number: TLC MP 0809 et al

Requested Filing Mode:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Advertising filing not required in domicile state (Iowa).

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 11/30/2009

Explanation for Other Group Market Type:

State Status Changed: 11/25/2009

Deemer Date:

Created By: Patsy Holt

Submitted By: Julie Maclin

Corresponding Filing Tracking Number:

Filing Description:

Please see cover letter uunder "Supporting Documentation" tab.

Company and Contact

Filing Contact Information

Julie Maclin, Senior Policy Analyst

jmaclin@aegonusa.com

SERFF Tracking Number: AEGJ-126346828 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 43857
 Company Tracking Number: TLC MP 0809 ET AL
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: TLC MP 0809 et al
 Project Name/Number: TLC MP 0809 et al/TLC MP 0809 et al

P.O. Box 93007 800-553-7600 [Phone] 3446 [Ext]
 Hurst, TX 76053-3007 817-285-3394 [FAX]

Filing Company Information

Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa
P O Box 93005	Group Code: 468	Company Type:
Hurst, TX 76053-3005	Group Name:	State ID Number:
(800) 553-7600 ext. [Phone]	FEIN Number: 39-0989781	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$75.00
Retaliatory?	No
Fee Explanation:	\$25 per ad; 3 ads x \$25 = \$75
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$75.00	10/21/2009	31455262

<i>SERFF Tracking Number:</i>	<i>AEGJ-126346828</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>TLC MP 0809 et al/TLC MP 0809 et al</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	11/30/2009	11/30/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Care Coordination	Julie Maclin	11/25/2009	11/25/2009
Form	Care Coordination	Julie Maclin	10/30/2009	10/30/2009
Supporting Document	Revised Cover Letter	Julie Maclin	10/30/2009	10/30/2009
Form	Partnership	Julie Maclin	10/27/2009	10/27/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
REVISED FORM FILING.	Note To Filer	Marie Bennett	11/25/2009	11/25/2009

<i>SERFF Tracking Number:</i>	<i>AEGJ-126346828</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>TLC MP 0809 et al/TLC MP 0809 et al</i>		

Disposition

Disposition Date: 11/30/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AEGJ-126346828</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43857</i>
<i>Company Tracking Number:</i>	<i>TLC MP 0809 ET AL</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>TLC MP 0809 et al</i>		
<i>Project Name/Number:</i>	<i>TLC MP 0809 et al/TLC MP 0809 et al</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Variables		Yes
Supporting Document	Cover Letter	Filed	Yes
Supporting Document	Revised Cover Letter	Filed	Yes
Form	Mini Pamphlet	Filed	Yes
Form (revised)	Care Coordination	Filed	Yes
Form	Care Coordination	Replaced	Yes
Form	Care Coordination	Replaced	Yes
Form (revised)	Partnership		Yes
Form	Partnership	Filed	Yes

SERFF Tracking Number:	AEGJ-126346828	State:	Arkansas
Filing Company:	Transamerica Life Insurance Company	State Tracking Number:	43857
Company Tracking Number:	TLC MP 0809 ET AL		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	TLC MP 0809 et al		
Project Name/Number:	TLC MP 0809 et al/TLC MP 0809 et al		

Amendment Letter

Submitted Date: 11/25/2009

Comments:

The revised cover letter is attached under the Forms tab. I have also attached the TLC CCF 1109. Thank you for speaking with me by phone regarding this filing.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
TLC CCF 1109	Advertising	Care Coordination	Initial				0.000	111TLC CCF 1109 filing.pdf

<i>SERFF Tracking Number:</i>	<i>AEGJ-126346828</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43857</i>
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<i>Product Name:</i>	<i>TLC MP 0809 et al</i>		
<i>Project Name/Number:</i>	<i>TLC MP 0809 et al/TLC MP 0809 et al</i>		

Note To Filer

Created By:

Marie Bennett on 11/25/2009 02:05 PM

Last Edited By:

Marie Bennett

Submitted On:

11/30/2009 11:14 AM

Subject:

REVISED FORM FILING.

Comments:

PLEASE GIVE ME A CALL - MY NUMBER IS 501-3712802.

<i>SERFF Tracking Number:</i>	<i>AEGJ-126346828</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43857</i>
<i>Company Tracking Number:</i>	<i>TLC MP 0809 ET AL</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>TLC MP 0809 et al</i>		
<i>Project Name/Number:</i>	<i>TLC MP 0809 et al/TLC MP 0809 et al</i>		

Amendment Letter

Submitted Date: 10/30/2009

Comments:

I would like to replace advertising form TLC CCF 0909 with TLC CCF 1109. The only change made was the addition of "Individual Long Term Care Insurance" just above the form number. I have attached the revised form, as well as a revised cover letter.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
TLC CCF 1109	Advertising	Care Coordination	Initial				0.000	AR MP-CCF 1109 filing ltr.pdf

Supporting Document Schedule Item Changes:

User Added -Name: Revised Cover Letter

Comment:

AR MP-CCF 1109 filing ltr.pdf

<i>SERFF Tracking Number:</i>	<i>AEGJ-126346828</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43857</i>
<i>Company Tracking Number:</i>	<i>TLC MP 0809 ET AL</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>TLC MP 0809 et al</i>		
<i>Project Name/Number:</i>	<i>TLC MP 0809 et al/TLC MP 0809 et al</i>		

Amendment Letter

Submitted Date: 10/27/2009

Comments:

I would like to withdraw advertising form TLC EM PTR 0309 from this submission. It has come to my attention that such form was already approved by your department on 4/15/09 under SERFF Tracking #AEGJ-126066295.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
TLC EM PTR 0309	Advertising	Partnership	Initial					

SERFF Tracking Number:	AEGJ-126346828	State:	Arkansas
Filing Company:	Transamerica Life Insurance Company	State Tracking Number:	43857
Company Tracking Number:	TLC MP 0809 ET AL		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	TLC MP 0809 et al		
Project Name/Number:	TLC MP 0809 et al/TLC MP 0809 et al		

Form Schedule

Lead Form Number: TLC MP 0809

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 11/30/2009	TLC MP 0809	Advertising	Mini Pamphlet	Initial		0.000	TLC MP 0809 Consumer Prod Pamphlet.pdf
Filed 11/30/2009	TLC CCF 1109	Advertising	Care Coordination	Initial		0.000	111TLC CCF 1109 filing.pdf
	TLC EM PTR 0309	Advertising	Partnership	Initial			

The
[TransCare®] Long Term Care insurance provides you a variety of features. The options allow you to customize your Long Term Care insurance policy to fit your overall financial and retirement plan.



DESIGN YOUR PLAN
THE WAY YOU WANT IT.

This pamphlet provides only a brief description of benefits. Not all benefits, discounts or options are available in all states. Exclusions and limitations apply. Benefits and premiums vary depending upon plan selected. See the Outline of Coverage or your producer/agent for complete details.

[TransCare®] (policy form series TLC 1-FP 1001 or TLC 1-FP 402; in ID: TLC 1-P (ID) 408; in LA, TLC 1-P (LA) 504; in OK: TLC 1-FP (OK) 709) is an individual Long Term Care insurance policy underwritten by Transamerica Life Insurance Company.

Home Office: Cedar Rapids, IA.

Administrative Office:

P.O. Box 95302, Hurst, Texas 76053-5302.





STANDARD FEATURES*

- Alternative Payment Benefit – Paid directly to you to use anyway you see fit.
- [0-Day Elimination Period for Home Health Care, Adult Day Care and Alternative Payment Benefit]
- [[5]-year rate guarantee]
- Pays for actual, out-of-pocket charges you incur for care at home, in the community or at an approved facility up to a daily maximum benefit amount you choose

AVAILABLE DISCOUNTS*

- [40%] Spousal[/Civil Union] discounts for couples applying together for identical benefit amounts
- [10%] preferred discount

DESIGN YOUR POLICY WITH THESE OPTIONAL BENEFITS*

(FOR AN ADDITIONAL PREMIUM)

- Benefit Increase Options – [Simple,] Compound[,]
[Step-Rated Compound,] or Deferred
- [Up to a [10]-year rate guarantee]
- [Limited Pay Options – Single, 10-Pay and Pay to 65]
- [Return of Premium – Paid premiums, minus any benefits paid, will be returned to your beneficiary upon your death]

**Not all benefits, discounts and options are available in all states. See your Outline of Coverage for details.*



The cost of care can be expensive and your ability to pay for care may affect the types of services you obtain. Discover how [TransCare®] can help provide important Long Term Care insurance coverage and become an essential part of your retirement and financial planning. For more information, call your licensed Transamerica Life Insurance Company producer/agent.

AGENT NAME

CONTACT INFO.

LIC. #



[TransCare Options®]

A Plan Designed for a Changing Future®

*When it comes time to use [TransCare Options®]
you won't be on your own.*

Care Coordination Benefit

Transamerica Life Insurance Company understands that the need for long term care may come at a time of emotional stress. That's why every [TransCare Options®] policy comes with a valuable Care Coordination¹ benefit. This benefit covers a Care Coordinator that can help you answer some confusing questions such as:

- What type of care do I need?
- Where do I find a qualified provider?
- How much will the services cost?
- What are my alternatives?

The Care Coordinator is a Licensed Health Care Practitioner who is trained in such areas as geriatrics, rehabilitation, social and health assessments and focuses on helping you identify the care that you or your loved one may need. Additionally, when you use the Care Coordination benefit, you also have the following benefits. The Elimination Period does not apply to these benefits: Respite Care, Therapeutic Device, Home Modification, Medical Alert System, Caregiver Training.

The best way to help protect your future is to prepare. [Call your [insurance producer/ insurance agent] today/Call Transamerica Life today/Attend an insurance sales presentation and enrollment meeting] to learn about all your choices and for information on how [TransCare Options®] Long Term Care insurance can help protect you from the high cost of long term care.

¹You do not have to use a Care Coordinator to receive benefits from the Policy.

Underwritten by Transamerica Life Insurance Company. Qualifying for benefits is required. Exclusions and limitations apply. Options and benefits may differ and are not available in all states. Premiums and benefits vary depending upon plan selected. Contact [your insurance producer/your insurance agent/your company/Transamerica Life] for details. See the Outline of Coverage for complete policy benefits and details. Policy series TLC 1-FP 1001 or TLC 1-FP 402; In ID: TLC 1-P (ID) 408; In LA: TLC 1-P (LA) 504; In OK: TLC 1-FP (OK) 709.

Home Office:

Cedar Rapids, IA

Administrative Office:

P. O. Box 95302

Hurst, TX 76053

SERFF Tracking Number:	AEGJ-126346828	State:	Arkansas
Filing Company:	Transamerica Life Insurance Company	State Tracking Number:	43857
Company Tracking Number:	TLC MP 0809 ET AL		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	TLC MP 0809 et al		
Project Name/Number:	TLC MP 0809 et al/TLC MP 0809 et al		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Variables		
Comments:			
Attachment:			
VARIABLES 0309 wPTR.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Filed	11/30/2009
Comments:			
Attachment:			
AR MP-CCF filing ltr wPTR.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Revised Cover Letter	Filed	11/30/2009
Comments:			
Attachment:			
AR MP-CCF 1109 filing ltr.pdf			

VARIABLES

TLC MP 0309

Cover Page:

The Product Name, throughout the brochure, is variable, depending upon the employer or association group is being used for. The variables could be:
Transitions by Transamerica
SecurePath LTCi
TransCare Options

Page 2:

Under the “Available Discounts” heading, appropriate discounts for Spousal, preferred and worksite will show, if applicable. They will range from 10% to 40% as filed in the Actuarial Memorandum.

LTC CCF 0909

The “Product Name” is variable, depending upon the employer or association group it is being used for. The variables could be:
Transitions by Transamerica®
SecurePath LTCi®
TransCare Options®
TransCare®

LTC EM PTR 0309

The “Product Name” is variable, depending upon the employer or association group it is being used for. The variables could be:
Transitions by Transamerica®
SecurePath LTCi®
TransCare Options®
TransCare®

The “Phone Number” is variable because each employer/association is assigned a unique phone number for employee/members and their families to call licensed producers.



Home Office: Cedar Rapids, Iowa
Long Term Care Division
P O Box 95302
Hurst, Texas 76053-5302
800-553-7600, ext 3446
jmaclin@aegonusa.com

October 21, 2009

Commissioner Julie Benafield Bowman
1200 West Third Street
Little Rock, AR 72201

RE: **Long Term Care Advertising**

NAIC #: 86231

FEIN #: 39-0989781

Form # / Description: TLC MP 0809
TLC CCF 0909
TLC EM PTR 0309

Invitation to Inquire Advertisement

Invitation to Inquire Advertisement

Invitation to Inquire Advertisement

Dear Commissioner Bowman:

Enclosed are the referenced forms submitted for your review and approval. These forms are not intended to replace any previously approved forms.

These forms will be used to solicit policy form TLC 1-FP (AR) 206, et al., which was approved by your department on May 30, 2006.

It is our intention to use these forms in both paper and electronic form.

Bracketed information is intended to be variable. Please see the attached Variables document.

We trust that these forms will meet with your approval. If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Julie A. Maclin". The signature is written in a cursive, flowing style.

Julie A. Maclin, ACS
Senior Policy Analyst
Long Term Care Division



Home Office: Cedar Rapids, Iowa
Long Term Care Division
P O Box 95302
Hurst, Texas 76053-5302
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Senior Policy Analyst
Long Term Care Division

<i>SERFF Tracking Number:</i>	<i>AEGJ-126346828</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43857</i>
<i>Company Tracking Number:</i>	<i>TLC MP 0809 ET AL</i>		
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<i>Product Name:</i>	<i>TLC MP 0809 et al</i>		
<i>Project Name/Number:</i>	<i>TLC MP 0809 et al/TLC MP 0809 et al</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/30/2009	Form	Care Coordination	11/25/2009	AR MP-CCF 1109 filing ltr.pdf (Superceded)
10/16/2009	Form	Care Coordination	10/30/2009	TLC CCF 0909 10-9-09.pdf (Superceded)
10/21/2009	Form	Partnership	10/27/2009	111LTC EM PTR 0309 filing.pdf (Superceded)



Home Office: Cedar Rapids, Iowa
Long Term Care Division
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jmaclin@aegonusa.com

October 30, 2009

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NAIC #: 86231

FEIN #: 39-0989781

Form # / Description: TLC MP 0809
TLC CCF 1109

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Long Term Care Division



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Policy series TLC 1-FP 1001 or TLC 1-FP 402; (In ID: TLC 1-P (ID) 408; In LA: TLC 1-P (LA) 504; In OK: TLC 1-FP (OK) 709.

Home Office:

Cedar Rapids, IA

Administrative Office:

P. O. Box 95302

Hurst, TX 76053

[TransCare Options®]

A Plan Designed for a Changing FutureSM

TRANSAMERICA LIFE INSURANCE COMPANY



individual long term care insurance

Partnership Programs are becoming more widespread.

These programs may protect some of your assets from Medicaid's "spend-down" rules should you ever need to qualify for Medicaid benefits. If your current Long Term Care insurance policy meets your state's Partnership Program requirements, you may qualify for asset protection and if so, you will be notified of this by your insurance company.

If your current policy doesn't qualify, you may be able to add a Compound or Simple Benefit Increase Option so that your policy meets Partnership guidelines. Again, your insurance company will notify you if this is an available option for your policy.

**If you don't currently own a policy,
now is the time to purchase.**

Find out how!

**Call [(xxx) xxx-xxxx] for more information
and for a copy of A Consumer's Guide to
State-Approved Long Term Care Partnership**



Underwritten by Transamerica Life Insurance Company. Exclusions & Limitations apply. Contact the company for details.
Policy Series: TLC 1-FP 1001, TLC 1-FP 402; in ID, TLC 1-P (ID) 408; in OK, TLC 1-FP (OK) 1001.